

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1						51	
2		1					52	
3		1					53	
4		2					54	
5		2					55	
6		2					56	
7		2					57	
8		2					58	
9		2					59	
10	1						60	
11		1					61	
12		2					62	
13		2					63	
14		2					64	
15		2					65	
16		2					66	
17		2					67	
18		2					68	
19	1						69	
20		1					70	
21		2					71	
22		2					72	
23		2					73	
24		2					74	
25		2					75	
26		2					76	
27		2					77	
28	1						78	
29		1					79	
30		2					80	
31		2					81	
32		2					82	
33		2					83	
34		2					84	
35		2					85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	←		←		←		TOTAL IND.	←
TOTAL DEP.	←		←		←		TOTAL DEP.	←
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←